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PTO/SB/05 (4/98)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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F0039

Attorney Docket No. UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor or Application Identifier Christopher A. Spence Title METHOD FOR EVALUATION OF RETICLE IMAGE ..

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. EJ464626867US

	PPLICATION ELEMENTS apter 600 concerning utility patent appl	cation contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231							
	ee Transmittal Form (e.g., PTO/		5. Microfiche Computer Program (Appendix)							
2. Sp	ecification [Total	Pages 27	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
••	eferred arrangement set forth below) escriptive title of the Invention		a. 📗	Computer Readab	ole Copy					
	ross References to Related Applic		b. 🗀	Paper Copy (ident	ical to computer copy)					
	tatement Regarding Fed sponsore eference to Microfiche Appendix	c. 🗀	Statement verifyin	g identity of above copies						
	ackground of the Invention	ACCOMPANYING APPLICATION PARTS								
- Bi	rief Summary of the Invention									
- Bi	rief Description of the Drawings (in		7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney							
- D	etailed Description									
- C	laim(s)		9. English	, , , , , , , , , , , , , , , , , , , ,						
- Al	bstract of the Disclosure		I Inform	ation Disclosure	Copies of IDS					
3. Dra	awing(s) (35 U.S.C. 113) [Total 8	Sheets 13	17(1)	ent (IDS)/PTO-144						
4. Oath or D	Declaration [Total	Pages 2]	11. Prelim	inary Amendment						
a. 🚺	Newly executed (original or o	юру)		Receipt Postcard of the specifically ite						
ь. Г	Copy from a prior application		/ ASS	l Entity	ment filed in prior applica	tion				
. 4_	(for continuation/divisional with B				us still proper and desired	UUI				
	" Signed statement at	tached deleting	14 Certifie	ed Copy of Priority						
	inventor(s) named in t		i, if fore	ign priority is claime	•					
NOTE FOR I	see 37 C.F.R. §§ 1.63 TEMS 1 & 13: IN ORDER TO BE ENTITLED		15. Other:	Certitic	ate.of.Mailing					
FEES, A SMAI	LL ENTITY STATEMENT IS REQUIRED (37 D IN A PRIOR APPLICATION IS RELIED UP	C.F.R. § 1.27), EXCEPT		***************************************						
16. If a COI	NTINUING APPLICATION, check	appropriate box, and	supply the requisite info	rmation below and in	a preliminary amendment:					
_		Continuation-in-part (plication No:						
	olication information: Examiner			Group / Art Unit:						
	ATION or DIVISIONAL APPS only: To be considered a part of the disclose									
	ne incorporation can only be relied u					~,				
		CORRESPOND	ENCE ADDRESS			_				
Custom	er Number or Bar Code Label	t Customer No. or At	tach har code lahel here	•	espondence address below					
	Renner, Otto, Boisselle & Sklar, LLP									
Name	Jonathan A. Platt									
	1621 Euclid Avenue									
Address	19th Floor									
City	Cleveland	State	ОН	Zip Code	44115					
Country	USA	Telephone	216-621-1	113 Fax	216-621-6165					
Name (P	Print/Type) Jonatha	n A. Platt	Registration I	No. (Attorney/Agent)	41,255	Ī				
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Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Even date herewith

Complete if Known

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Application Number Filing Date

Patent fees are subject to annual revision on October 1.		Filing Date		Even date nerewith					
These are the fees effective November 10, 1998.		First Named Inventor			entor	Christopher A. Spence			
Small Entity payments <u>must</u> be supported by a small entity state, otherwise large entity fees must be paid. See Forms PTOISBIO		Examiner Name							
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit							
TOTAL AMOUNT OF PAYMENT (\$) 730.00		Attorney Docket No.					F003	9	
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued))		
	3. ADDITIONAL FEES								
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit	Larg Fee	e Entity	Sma Fee	II Entity		Fee D	escription	Fee Paid	
Account Number 18-0988	105 130 205 65 Surcharge - late filing fee or oath								
Deposit Account Renner, Otto, Boisselle	127	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.							
Charge Any Additional Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing	139	130	139	130		nglish speci			
37 C.F.R. §§ 1.16 and 1.17 of the Notice of Allowance	147	2,520		2,520		or filing a request for reexamination			
2 Payment Enclosed:	112	112 920* 112 920* Requesting publication of SIR prior to Examiner action							
2. Payment Enclosed: Check Money Other	113	1,840*	113	1,840*	Exami	ner action	ation of SIR after		
FEE CALCULATION	115	110	215	55			within first month		
1. BASIC FILING FEE	116			190			y within second monti	n	
	117			435			y within third month		
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid		1,360					within fourth month		
Code (\$) Code (\$)	128	1,850					within fifth month		
101 690 201 345 Utility filing fee 690	119			150		of Appeal			
106 310 206 155 Design filing fee	120	300	220	150	_	a brief in su			
107 480 207 240 Plant filing fee	121	260	221	130		st for oral h			
108 690 208 345 Reissue filing fee	138	1,510		1,510			a public use procee	aing	
114 150 214 75 Provisional filing fee	140	110	240	55			unavoidable		
SUBTOTAL (1) (\$) 690	141	1,210	241	605			unintentional		
2. EXTRA CLAIM FEES Fee from		1,210			•	ssue fee (or reissue)			
Ext <u>ra Claims below</u> Fee Paid	143			215	_	issue fee			
Total Claims 20 -20** = 0 X = Independent 4 -3** = 0 X	144			290		ssue fee			
	122			130			mmissioner		
Multiple Dependent	123		123	50	Petitio	ns related to	provisional applicati	ons	
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126			240	Submi	ssion of Info	ormation Disclosure S	Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581		581	40			atent assignment per mber of properties)	40	
103 18 203 9 Claims in excess of 20	146	690	246	345		a submissio R 1.129(a))	n after final rejection		
102 78 202 39 Independent claims in excess of 3	149	690	249	345	•	• "	al invention to be	├	
104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims					examin	ned (37 CFF	R 1.129(b))		
over original patent	Other	fee (sp	ecify)						
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)						
SUBTOTAL (2) (\$)	Red	uced by	Basic	: Filing F	ee Paid	d S	UBTOTAL (3) (\$	9) 40	
SUBMITTED BY							Complete (if	applicable)	
Typedag	n A.	n A. Platt					Reg. Number	41,255	
Signature Sonoth Old	H	_	_	Date	2-2	29-00	Deposit Account User ID	18-0988	
100000	~ ~								

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